

SCHWAN'S FOOD SERVICE, INC.
RECIPIENT AGENCY DISTRIBUTOR AUTHORIZATION
For Commodity *eRebates*

DISTRICT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

Food Service Director: _____

E-Mail Address: _____

I agree to stop submitting commodity rebate forms for purchases after 07/01/2008 to Schwan's Food Service, Inc., and hereby authorize FSA BILLINGS to submit electronic reports to Schwan's Food Service, Inc., detailing our purchases for all Schwan's Food Service products.

From this report, Schwan's Food Service, Inc. will mail a rebate check to my school.

This authorization form is for Schwan's product purchased through FSA BILLINGS. You will still need to submit a rebate form for Schwan's product purchased through other distributors.

If there are any schools in your district that are not part of the National School Lunch Program please list them.

☐

YES! I want to participate.

Signature

☐

NO! I don't want to participate.

Title

Date

List the account number(s) with this distributor: _____

Please return this form to:

Schwan's Food Service, Inc.
Commodity Department
115 West College Drive
Marshall, MN 56258
FAX NUMBER: 507-537-5146
Phone: 888-494-5045 Ext. #2286